## USEPA 290 BROADWAY NY, NY

## NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1379

Operator Project #	Postmark	Date Received			Notification #		
TYPE OF NOTIFICATION (O-O	Original, R-Received, C-Canc	zelled): R –	Add Mate	erial			
FACILITY INFORMATION (Ide	entify Owner, Removal Contr	ractor and (	Other Oper	ator):			
OWNER NAME: RCPI Landmar	rk Properties, LLC						
Address: 45 Rockefeller Plaza	12 <sup>th</sup> Floor						
City: New York			State: NY Zip: 10111			10111	
Contact Name: Anthony LaMo			Telephone: 212-588-8625				
REMOVAL CONTRACTOR: PAL	Environmental Safety Corp	. d/b/a PAL	Environme	ental Services		000 000	
Address: 11-02 Queens Plaza:	South						
City: Long Island City			State: N	Υ		Zip: 11101	
Contact Name: Aric Domozick					phone: 71	8-349-09	
OTHER CONTRACTOR:					p	0 0	500
Address:							
City:				State:			Zip:
Contact Name:				Tel	Telephone:		
TYPE OF OPERATION (D-Demo	o, O-Ordered Demo, R-Ren	ovation, E-	Fmergency	Renovation: R	ерпопе.		
IS ASBESTOS PRESENT? (YES	NO) YES		annoi gonic,	TOTO FOLIOTIES			
FACILITY DESCRIPTION (Inclu	ıde Building Name, Number	and Floor	or Room N	umber)			
Building Name:							
Address: 630 5 <sup>th</sup> Avenue							
City: New York			State: NY			Zip: 10111	
Site Location: 19 <sup>th</sup> & 26 <sup>th</sup> Floor							
Building Size: 2,734,038 SF			# of Floors: 31			Age in Years: 84	
Present Use: Commercial			Prior Use: Commercial				
Procedure, Including Analytical	PLM – Polarized Li	ight Micros	scopy				
Approximate amount of asbest	The second secon		Non-Friable		Indic	ate Unit	of Measurement
Including	to be	10	Asbestos Material				Below
<ol> <li>Regulated ACM to be removed</li> <li>Category I ACM not removed</li> <li>Category II ACM not removed</li> </ol>	ved	1	not to be removed				
			CAT I	CAT II		l	JNIT
Pipe Insulation & Pipe Fittings	843				Linear Fee	et: X	Ln M:
Surface Area: VAT & Mastic	1,284				Square Fe	et: X	Square Meter:
Volume RACM off Facility Comp	ponent				CuFt:		Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: 07/01/2016 Comp			nplete: 06/30/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		St	Start:		Complete:		

DESCRIPTION OF BLANKER RESIDENCE					
DESCRIPTION OF PLANNED DEMOLITION OR RE	NOVATION WORK, AND METHOD (S) TO BE U	SED:			
1 2 2 2 CIGHT 1 TO IN OIL WOLK FRACTICES AND FINGING	IEERING CONTROLS TO BE USED TO PREVENT	EMISSIONS OF ASBESTOS AT			
HEPA Vacs, Micro Traps (Negative Air Pressure) a WASTE TRANSPORTER #1	and amended water will be utilized for emission	s control.			
Name: Tri State Transfer Associates		and the second s			
Address: 1199 Randall Avenue		The second of the second			
City: Long Island City					
Contact Name: Jimmy Byrne	State: NY	Zip: 10474			
WASTE TRANSPORTER #2	Telephone: 718-617-0771				
Name: ATC		1 33-3-1-01/1			
Address: 2 Moriches Middle Island Road					
City: Shirley	State: NY	Zip:			
Contact Name: Kenny Smith	Contact Name: Kenny Smith				
WASTE TRANSPORTER #3	Telephone: 631-924-5050				
Name: P.A.L. Environmental Safety Corp. d/b/a P.	AL Environmental Services				
Location: 11-02 Queens Plaza South					
City: Long Island City	City: Long Island City	City: Long Island City			
Telephone: 718-349-0900		City: Long Island City			
Disposal Facility					
Name: Minerva Enterprises					
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Ro	ad SE			
City: Waynesburg	State: OH Zip: 44688				
FOR EMERGENCY RENOVATIONS		ZIP. 44088			
Date and Hour of Emergency (mm/dd./yy)					
Description of the Sudden, Unexpected Event:					
Explanation of how the event caused unsafe condi	tions or would cause equipment damage or an	Unraccanable fine will be			
	and equipment damage of an	unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED NONFRIABLE ASBESTOS MATERIAL RECOMES COL	IN THE EVENT THAT UNEXPECTED ASSESTOR	TO FOLIND OR PREMIOUSLY			
NONFRIABLE ASBESTOS MATERIAL BECOMES CRU unexpectedly, or non-friable ACM, which becomes	JMBLED, PULVERIZED OR REDUCED TO POWE	NED Any ACM subject to discuss of			
	crumbled, will be immediately wet with amend	ed water and classed up will UEDA V			
to be put in 6 mil poly bags for proper disposal.	, and a minimum wet with afficial	ed water and cleaned up with HEPA Vacs,			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE SITE DURING THE DEMOLITION OR RENOVATION	PROVISIONS OF THIS REGUALTION (40 CET	DADT 61 CURDART MAN MATHER			
SITE DURING THE DEMOLITION OR RENOVATION PERSON WILL BE AVAILABLE FOR INSPECTION DI	AND EVIDENCE THAT THE REQUIRED TRAIN	ING HAS BEEN ACCOMPLICATED BY THE			
PERSON WILL BE AVAILABLE FOR INSPECTION DI	JRING NORMAL BUSINESS HOURS (required 1	Vear after promulantion)			
	Tedunca 1	year arter promulgation)			
07/07/	<u>/2016</u>				
Signature Owner/Operator Date	e				
I certify that the above information is correct					
Signature of Owner/Operator Date					